

Medical Licensing Board of Indiana

**MEDICAL/OSTEOPATHIC ENDORSEMENT LICENSURE
INFORMATION & INSTRUCTIONS**

**PLEASE READ THE INSTRUCTIONS CAREFULLY BEFORE COMPLETING
AND SUBMITTING YOUR APPLICATION.** If after reading the instructions you
have questions please contact our office.

CONTACT INFORMATION

Indiana Professional Licensing Agency
Medical Licensing Board
402 W. Washington Street, Room W072
Indianapolis, IN 46204
Email: pla3@pla.IN.gov
(317) 234-2060
(317) 233-4236 (fax)

PROCESSING TIME

Processing time depends on the Applicant. The applicant is responsible for the submission of all documents. The sooner the documents are requested and received the quicker the license can be issued. If you have a positive response the license/temporary cannot be issued until it has been reviewed by the Board. The Board meets on a monthly basis.

FAIR INFORMATION PRACTICE ACT

In compliance with IC 4-1-6, this agency is notifying you that you must provide the requested information or your application will not be processed. You have the right to challenge, correct, or explain information maintained by this agency. The information you provide will become public record. Your examination scores and grade transcripts are confidential except in circumstances where their release is required by law, in which case you will be notified.

Your social security number is being requested by this state agency in accordance with IC 4-1-8-1. Disclosure is mandatory, and this record cannot be processed without it.

A NOTE ABOUT LICENSURE & TEMPORARY PERMITS

Licensure is entirely at the discretion of the Medical Licensing Board of Indiana. Licensure in another state does **not** in any manner assure or guarantee licensure in Indiana. The completion of an application does **not** guarantee licensure in Indiana. The issuance of a temporary permit does **not** in any manner assure or guarantee full licensure in the State of Indiana.

NOTARIZED COPY INFORMATION

When submitting a notarized copy of an original document, the notary **MUST** make a statement to the fact that the notary has seen the original document. If this is not done the document will **NOT** be accepted.

STATUTE AND RULES

You may view the statute and rules on our website. For your convenience you may click on the following link: <http://www.in.gov/pla/bandc/mlbi/statrules.html>

FCVS

The Medical Licensing Board of Indiana highly recommends and accepts the Federation Credentials Verification Service. You may apply for the FCVS packet through the Federation of State Medical Boards. Their website is www.fsmb.org

FOREIGN MEDICAL SCHOOLS

Adopted May 22, 2008

IC 25-22.5-3-1(c)

DISSAPPROVED FOREIGN MEDICAL SCHOOLS

- CIFAS School of Medicine, Santo Domingo (closed) as of 10/18/1984
- Universidad Mexico American Del Norte as of 11/15/1984
(Northern University School of Medicine)
- St. Lucia Health Sciences University, St. Lucia as of 10/18/1984
- Spartan Health Sciences University, St. Lucia as of 10/18/1984
- Clayton University – Osteopathic School as of 06/01/2000
(American International Open University)
- St. Matthews University, Grand Cayman as of 12/05/2002
- University of Health Sciences Antigua, St. John's as of 12/05/2002
- Grace/St. Kitts/London Medical College as of 12/05/2002
- International University of Health Sciences (IUHS) as of 12/05/2002
- Canadian Academy of Osteopathy and Holistic Health
Sciences (Hamilton) as of 8/23/2007
- Osteopathic Health and Wellness Institute (Hamilton) as of 8/23/2007
- Canadian College of Osteopathy (Toronto) as of 8/23/07
- Sutherland Academy of Osteopathy (Oakville) as of 8/23/07
- CETEC University, Santo Domingo (closed) as of 5/22/08
- UTESA University, Santo Domingo as of 5/22/08
- World University, Santo Domingo (closed) as of 5/22/08
- Universidad Federico Henriquez y Carvajal, Dominica Republic as of 5/22/08
- Kigezi International School of Medicine, Cambridge, England & Uganda as of 5/22/08

- Universidad Eugenio Maria de Hostos (UNIREMHOS), Dominica Republic as of 5/22/08

Internet Programs: All schools of medicine whose curriculum and primary requirements are internet based and/or distance learning shall be disapproved. Most specifically, the internet based schools of medicine listed on the Federation Alert are hereby disapproved by the board.

APPROVED FOREIGN MEDICAL SCHOOLS

- American University of the Caribbean School of Medicine as of 12/20/1984
- Ross University of Medicine as of 12/20/1984
- St. George's University School of Medicine as of 12/20/1984
- Saba, Netherlands Antilles (coursework from 1/1/02 to present)

In addition to this list the Medical Licensing Board of Indiana has recognized the Medical Board of California as having similar standards to those of LCME when considering foreign medical schools. Therefore, in compliance with IAC 844 4-4.5-3 the Board has accepted schools listed on the published Medical Schools Recognized by the Medical Board of California.

DOCUMENTS REQUIRED FOR LICENSURE

(To reinforce the notarized copy information listed on the top of page two: When submitting a notarized copy of an original document, the notary **MUST** make a statement to the fact that the notary has seen the original document. If this is not done the document will **NOT** be accepted.)

- **COMPLETED APPLICATION FOR LICENSURE**

Please type or legible print when completing the application.
All information requested on the application must be completed.
The application must have an original signature and date.

- **PHOTOGRAPH**

You must submit one (1) passport quality photo taken within the past three (3) months.

- **FEE**

You must submit an application fee in the amount of \$250.00; payable to Professional Licensing Agency. All fees are non-refundable and non-transferable.

- **POSITIVE RESPONSES**

If you have answered any of the questions on the application "yes" you must submit a **NOTARIZED AFFIDAVIT** detailing the occurrence/situation, the outcome, date of occurrence, if it is a malpractice payment the amount paid in your behalf. If applicable please submit copies of all court documents

and/or arrest records. Letters from attorneys or insurance companies are not accepted in lieu of your statement.

- **90 DAY TEMPORARY PERMIT**

A ninety (90) day temporary permit may be issued to an applicant who holds and shows proof of holding a valid license to practice medicine in the United States, its possessions or Canada.

If you are also requesting a ninety (90) day temporary permit; along with the first four (4) items listed above you must also submit:

--Proof of Current Licensure. You must submit a notarized copy of a license with a current expiration date (pocket card/billfold license).

--You must also submit an additional temporary permit fee of \$100.00; payable to Professional Licensing Agency. All fees are non-refundable and non-transferable.

The permit expires ninety (90) days from the date of issuance or when final action is taken on the application for full licensure.

- **VERIFICATION OF STATE LICENSURE(S)**

You must request a "License Verification or Letter of Good Standing" from each State/Country in which you currently are or have ever been licensed, certified, or registered in any regulated health profession or occupation. This includes all licenses etc., that are active, expired, inactive, retired, delinquent etc. In addition to any Medical license/permit etc., this also pertains to any professional health license such as an EMT, Nursing, Pharmacists, etc. You will need to print off the verification form; contact the appropriate entities/States to see if they charge a fee for completing this form and send the form directly to them. They will in turn complete the verification and mail it directly to our office.

We do not accept web verifications; the verification must come directly from the State in which you were licensed in.

- **OFFICIAL TRANSCRIPT**

You must submit an official transcript of grades from the medical/osteopathic school showing degree has been conferred and date of graduation. Graduates of foreign medical schools must submit notarized copies of all subjects and grades (mark sheets). Include official translation if not in English.

- **MEDICAL DEGREE**

You must submit a notarized copy of your medical degree. Include official translation if not in English.

- **RESIDENCY POSTGRADUATE TRAINING**

You must submit proof of postgraduate training. Those who have graduated from approved schools in the United States, its possessions or Canada must

show official proof of completion of at least one (1) year of postgraduate training, in the United States, its possessions or Canada. Those who have graduated from school outside of the United States, its possessions or Canada must show proof of completion of two (2) years of postgraduate training, obtained in a recognized program in the United States, its possessions or Canada.

Proof of postgraduate training must be submitted. You may submit proof in one of two ways, both are listed below:

1. A notarized copy of your certificate of completion issued by the Hospital with beginning and ending dates.

OR

2. An ORIGINAL letter from the postgraduate training program Director with the seal of the program with beginning and ending dates. (Copies will not be accepted.)

- **EDUCATIONAL COMMISSION FOR FOREIGN MEDICAL GRADUATES**

If you are a foreign medical graduate, you must submit a notarized copy of your ECFMG certificate. If your ECFMG certificate has an expiration date you must request a permanent validation sticker from ECFMG.

ECFMG Contact Information

3624 Market Street

Philadelphia, PA 19104-2685 USA

Telephone: (215) 386-5900

(Telephone assistance available between 9:00a.m. and 5:00p.m. Eastern Time)

Fax: (215) 386-9196

Website: www.ecfm.org

- **PROOF OF NAME CHANGE**

When the name on any document differs from the applicant's name, a notarized or certified copy of a marriage certificate or legal name change must be submitted.

- **NPDB/HIPDB REPORT**

Please contact the National Practitioner Data Bank/Healthcare Integrity and Protection Data Bank and request a report. The report will be sent directly to you. DO NOT OPEN the report, but forward the unopened envelope to our office. If you do open the envelope please send the ENTIRE CONTENT of the envelope to our office. (There are not two copies of the report in the envelope but two separate reports and we need both for licensure purposes.)

NPDP/HIPDB Contact Information
P. O. Box 10832
Chantilly, VA 20153-0832
Website: www.npdb-hipdb.com

- **EXAMINATION SCORES**

Please request that your official FLEX; National Boards; USMLE; LMCC or State Board scores be submitted by the appropriate agency directly to the Professional Licensing Agency.

EXAMINATION Contact Information

FLEX or USMLE
Federation of State Medical Boards
400 Fuller Wiser Road
Eules, Texas 76039
(817) 868-4000
Website: www.fsmb.org

NATIONAL BOARDS
(215) 590-9500
Website: www.nbme.org

The request form is now available only on the NBME website. Only those applicants who either passed the former NBME Parts or a combination of NBME Parts and USMLE Steps should complete this form and send it to the NBME. Those applicants who passed only the USMLE Steps must complete the EBHAR form and forward it to the Federation of State Medical Boards. They should not complete the endorsement of certification form found on the NBME website.

NBOME
National Board of Osteopathic Medicinal Examiners
8765 West Higgins Road, Suite 200
Chicago, Illinois 60631
(773) 714-0622
Website: www.nbome.org

LMCC
Medical Council of Canada
1867 Alta Vista Drive
Case Postale, Box 8234
Ottawa, Canada K1G 3H7
(613) 521-6012

STATE BOARD

You must have the state board where you took the examination complete the verification of state licensure form and attach the subjects, scores, date of examination and average. This can be done in conjunction to the license verification of the State where you took the examination.

EXAMINATION SCORE COMBINATIONS

An applicant for unlimited licensure must be certified by one of the following examination combinations:

1. FLEX Examination (Component 1 & 2)
2. National Board of Medical Examiners (Parts 1, 2 & 3)
3. National Boards of Examiners for Osteopathic Physicians and Surgeons (Parts 1, 2 & 3)
4. USMLE (Steps 1, 2 & 3)
5. National Boards of Medical Examiners – Parts 1 & 2 and FLEX Examination – Component 2
6. National Boards of Medical Examiners – Parts 1 & 2 and USMLE Step 3
7. FLEX Examination – Component 1 and USMLE Step 3

Please note the following regarding passage of the USMLE.

844 IAC 4-4.5-12 Passing requirements for United States Medical Licensing Examination Step 3 states in part:

Sec. 12. The following are the examination passing requirements for licensure:

- (1) A score of seventy-five (75) is the minimum passing score for Step 3 of the United States Medical Licensing Examination (USMLE).
- (2) An applicant may have a maximum of five (5) attempts to pass each step of the USMLE. Therefore, upon the fifth (5th) seating of each step of the exam, the applicant must obtain a passing score.
- (3) All steps of the USMLE must be taken and successfully passed within a seven (7) year time period. This seven (7) year period begins when the applicant first passes a step, either Step 1 or Step 2. In counting the number of attempts regarding the USMLE steps, previous attempts on the National Board Medical Examinations and the examination of the Federation of State Medical Boards of the United States are included.

If you do not meet the seven (7) year period, you may apply for licensure and retake Step 1 and/or Step 2 of the USMLE to put you within the seven (7) year period. You must make application and request to retake Step 1 and/or Step 2. Our agency will send out the appropriate letters to the Federation so that you may reapply to take the appropriate steps of the USMLE.

If it has taken you more than five (5) attempts to pass a step of the USMLE you are not eligible for licensure in Indiana.